BlueCross BlueShield of Texas

Reimbursement Policy

Policy Number: RP051	**Policy Title:** Psychiatry/Psychotherapy Services
Approval Date: Nov. 2, 2026	**Effective Date:** Feb. 11, 2027

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

This policy provides general information on billing and claims processing for psychiatry services. Providers are urged to contact the Plan for specific coverage. Health care providers are expected to exercise independent medical judgment in providing care to members.

Reimbursement Information

The Plan reserves the right to request supporting documentation. Failure to adhere to coding and billing policies may impact claims processing and reimbursement.

All claims submitted must include supporting CPT/HCPCS codes, condition codes, and the appropriate bill type and revenue code for services rendered.

Provider Types

Behavioral health professional services may be billed by qualified health care providers who are licensed in their state to perform the services for which they are billing. Providers are responsible for familiarizing themselves with state rules and regulations that pertain to their license type in their state of practice. Current Procedural Terminology (CPT) codes for behavioral health professional services are most often used by the following provider types:

- Psychiatrists (MD, DO)
- Licensed Psychologists (PhD, PsyD)
- Independently Licensed Master's Level Clinicians (e.g., Licensed Independent Clinical Social Worker, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage Family Therapist)
- Licensed medical providers (e.g., Nurse Practitioners, Physician Assistants, MD, DO)

Facility

Services provided at behavioral modification facilities, boot camps, emotional group academies, military schools, therapeutic boarding schools, wilderness programs, halfway houses and group homes or similar programs must meet the definition, licensing, accreditation requirements and other specifics of a Residential Treatment Center as indicated in mental health contracts to be eligible for reimbursement.

Partial Hospitalization Program

Psychiatric Partial Hospitalization is a distinct outpatient psychiatric treatment program designed to provide patients with profound or disabling mental health or chemical dependency conditions an individualized, coordinated, intensive, comprehensive, and multidisciplinary treatment program not provided in a regular outpatient setting.

- Partial Hospitalization requires admission and certification of need by a Qualified Health Professional trained in the diagnosis and treatment of behavioral health illness.
- Patient does not require 24-hour-per-day inpatient level of care.

Intensive Outpatient Program

An Intensive Outpatient program is a distinct outpatient program of psychiatric services provided to individuals who have an acute mental illness or chemical dependency.

- IOP requires admission and certification of need by a Qualified Health Professional trained in the diagnosis and treatment of behavioral health illness.
- Generally regarded as less intensive than a PHP.

Modifiers

Modifiers may be appended to appropriate services to provide additional information. If requested, documentation must support the usage of the modifier(s).

Billing and Coding

The following tables are not an all-inclusive list of codes. Providers should refer to the most current version of the CPT codebook for a complete list of codes, including direction on other applicable codes that may or may not be reported with each code listed below.

Psychiatric Diagnostic Evaluation Codes

CPT Code	Description/Additional Information	May Be Reported With	Not To Be Reported With
90791	**Mental health evaluation:** Includes the assessment of the patient's psychosocial history, current mental status, review, and ordering of diagnostic studies followed by appropriate treatment recommendations.	+90785	90839, +90840

90792	**Mental health eval w/services:** Additional medical services, e.g., physical examination and prescription of pharmaceuticals are provided in addition to the diagnostic evaluation.	+90785	90839, +90840

Psychiatric diagnostic evaluation codes 90791 and 90792 may be reported once, at the onset of treatment. A diagnostic evaluation may be repeated only in the case where there has been an extended break in treatment, defined as at least six months from the last time the patient was seen or treated for their psychiatric condition.

Psychotherapy Codes

CPT Code	Description/Additional Information	May Be Reported With	Not To Be Reported With
90832	**Psychotherapy session, 30 mins.** Service time should be no less than 16 mins. May only be billed once per day.	+90785	+90833, +90836, +90838, 90839, +90840, 90846[1], 90847[1]
90834	**Psychotherapy session, 45 mins**. Service time should be no less than 38 mins. May only be billed once per day.	+90785	+90833, +90836, +90838, 90839, +90840, 90846[1], 90847[1]
90837	**Psychotherapy session, 60 mins.** Service time should be no less than 53 mins. May only be billed once per day.	+90785	+90833, +90836, +90838, 90839, +90840, 90846[1], 90847[1]
90845	**Mental health therapy.** May only be billed once per day.	N/A	90839, 90840
[1]Note: CPT codes 90832, 90834, and 90837 may be reported on the same day as 90846 or 90847 when the services are separate and distinct.			

Psychotherapy with Separately Identifiable Evaluation and Management (E/M) Codes

CPT Code	Description/Additional Information	May Be Reported With	Not To Be Reported With
+90833	**Psychotherapy w/eval, 30 mins.** When a separate E/M service is performed during the same encounter as 30 mins of psychotherapy. May only be billed once per day.	+90785 (Code first 99202-99239, 99304-99310, 99315-99316, 99341-99342, 99344-99345, 99347-99350)	90832, 90834, 90837, 90839, +90840, 90846[2], 90847[2]

+90836	**Psychotherapy w/eval, 45 mins.** When a separate E/M service is performed during the same encounter as 45 mins of psychotherapy. May only be billed once per day.	+90785 (Code first 99202-99239, 99304-99310, 99315-99316, 99341-99342, 99344-99345, 99347-99350)	90832, 90834, 90837, 90839, 90840, 90846[2], 90847[2]
+90838	**Psychotherapy w/eval, 60 mins.** When a separate E/M service is performed during the same encounter as the 60 mins of psychotherapy. May only be billed once per day.	+90785 (Code first (99202-99239, 99304-99310, 99315-99316, 99341-99342, 99344-99345, 99347-99350)	90832, 90834, 90837, 90839, +90840, 90846[2], 90847[2]

Note:

1. E/M codes 99202-99239, 99304-99310, 99315-99316, 99341-99342, 99344-99345, and 99347-99350 are to be listed as the primary code when used with +90833, +90836, and/or +90838.
2. [2]CPT codes +90833, +90836, and +90838 may be reported on the same day as 90846 or 90847 when the services are separate and distinct.

Pharmacologic Management

CPT Code	Description/Additional Information	May Be Reported With	Not To Be Reported With
+90863	**Medication management**. Includes prescription and review of medication, when performed with psychotherapy services (list separately in addition to the code for the primary procedure). May only be billed once per day.	Code first 90832, 90834, 90837	90839, +90840

Note: Eligible providers should report add-on code 90863 when pharmacologic management is performed with psychotherapy services. For other provider types who may report E/M codes, providers should use the most appropriate E/M code for pharmacologic management, such as 99202-99239, 99281-99285, 99304-99310, or 99341-99342, 99344-99345, and 99347-99350.

Interactive Complexity Code +90785

Interactive complexity refers to specific communication factors that make it difficult to deliver a service or administer treatment to a patient during a psychotherapy session. Interactive complexity should only be reported when there is clear evidence that maladaptive communication factors negatively impact delivery of care. Interactive complexity may be present in a psychotherapy session under the following circumstances:

- Member is accompanied to session by a third party who is involved in their therapeutic care. Third party participants may include individuals such as parents, guardians, other family members, child welfare agencies, court officers or school officials/staff.
- Difficult communication with discordant or emotional family members.
- Engaging with a member who is young and verbally undeveloped, or impaired.

In order to report interactive complexity one or more of the following must be present:

1. Maladaptive communication (e.g., the need to manage high agitation, high reactivity, disagreements) among participants that complicates delivery of care.

2. Caregiver emotions or behaviors that significantly interfere with treatment (e.g., uncooperative with treatment plan, highly agitated).

3. Evidence or disclosure of a client's sentinel event and mandated reporting to a third party (e.g., reporting child or elderly abuse or neglect to a state agency), and discussion of this sentinel event with member and other appropriate participants.

4. Use of play equipment or physical devices to overcome barriers to therapeutic or diagnostic interaction between patient and a qualified health care provider. Examples include (but not limited to):

    - Undeveloped language communication skills (e.g., very young child, child with developmental delays)
    - Loss of language skills that are necessary for expressing their symptoms (e.g., member with Amyotrophic Lateral Sclerosis-ALS who has lost the capacity for expressive communication and requires assistive technological devices to continue treatment)
    - Member lacks receptive communication skills that inhibit comprehension of physician feedback.

CPT Code	Description/Additional Information	May Be Reported With	Not To Be Reported With
+90785	**Communication complication.** • Designated add-on code reported for interactive complexity. • Not to be reported as a stand-alone service. • Not intended to report increased time to complete service. Time spent on a service is captured by the timed code service used in conjunction with the interactive complexity code. • Not to be reported in conjunction with an E/M service when no psychotherapy is reported. • Not to be reported for the purpose of translating or interpretation services. • If reported with 90853, it must be for an individual patient and not for every member of a group. • A "difficult" psychotherapy session does not automatically constitute interactive complexity.	Code first 90791, 90792, 90832, +90833, 90834, +90836, 90837, +90838, 90853	0362T, 0373T, 90839, +90840, 90847, 96130-96133, 96136-96139, 96146, 90846, 97151-97158

Crisis Psychotherapy

CPT Code	Description/Additional Information	May Be Reported With	Not To Be Reported With
90839	**Crisis therapy, 60 mins.** Report for the first 30-74 mins of crisis. May be reported only once per day even if the time spent by the physician or other health care professional is not continuous on that date.	+90840	+90785, 90791, 90792, 90832, +90833, 90834, +90836, 90837, +90838
+90840	**Crisis therapy, 30 mins.** Each additional 30 mins that is beyond 74 mins.	Code first 90839	+90785, 90791, 90792, 90832, +90833, 90834, +90836, 90837, +90838

Family and Group Psychotherapy

CPT Code	Description/Additional Information	May Be Reported With	Not To Be Reported With
90846	**Family therapy, 50 mins**. Service time should be no less than 26 mins. May only be billed once per day.	N/A	90839, +90840
90847	**Family therapy with patient, 50 mins.** Service time should be no less than 26 minutes. May only be billed once per day.	N/A	90839, +90840
90849	**Family group therapy.** May only be billed once per day.	**-**N/A	90839, +90840
90853	**Group therapy.** May only be billed once per day.	+90785	90839, +90840

Additional Resources

Reimbursement Policy (formerly known as Clinical Payment and Coding Policy)
RP023 Modifier Reference Policy
CPCP024 Evaluation and Management (E/M) Coding- Professional Provider

References

American Psychological Association. (2022, Jan. 28). 2022 guidelines for reporting interactive complexity. Accessed May 29, 2026.

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Centers for Medicare & Medicaid Services (2026). Billing and Coding: Psychiatry and Psychology Service. (last revised 01/22/2026) Accessed July 21, 2026.

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Optum360. Coding and payment guide for behavioral health services. 2023. Accessed May 29, 2026.

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Centers for Medicare & Medicaid Services. (2025). *Psychiatric residential treatment facility providers*. U.S. Department of Health and Human Services. Accessed Aug. 3, 2026.

Policy History

Approval Date	Description
09/17/2025	New policy
11/02/2026	Annual Review; Facility section added to address behavior modification facilities; Code tables updated; Added CMS and UBE References.